DAYCARE ENROLLMENT APPLICATION

www.tiaratinytots.com

PERSONAL INFORMATION

First Name:	Last Name:	Sex:
Address:	Home Phone:	Birth Date:
City:	Postal Code:	County:

FAMILY INFORMATION

Father's Name:	Employment:
Position:	Bus. Phone:
Mother's Name:	Employment:
Position:	Bus. Phone:
Marital Status: Married ☐ Widow/er ☐ Divorced ☐ Separated ☐ Other ☐	

GENERAL MEDICAL INFORMATION

Family Physician:	Phone No:
Physician's Address:	
Does student have any physical defects or allergies? Yes ☐No ☐	
If yes, explain:	
Health Card No:	Expiry Date:

EMERGENCY TELEPHONE NUMBERS

In case Parents/Guardians cannot be reached, the following people are authorized to pick up the students.

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

MEDICAL INFORMATION/AUTHORIZATION

Child's name:	
Health Card #:	Expiry Date:
Physician's Name:	
Physician's Address:	
Height of child:	Weight of child:
In the event that I cannot be reached in a time of illness or accident concerning my child, you are authorized to contact the physician listed below. *If the named physician cannot be reached, permission is granted to authorize any doctor to give necessary medical emergency care.*	
Doctor:	
Address:	
Telephone:	

I further consent to my child being transport by a staff member in case of sudden illness or emergency to a private physician or hospital.

a) I understand that if my child appears ill at the day care, my child will be isolated from the other children and given staff supervision until arrangements can be made to pick up my sick child.
b) I further understand that after my child has been absent from the day care with a serious disease or illness, a signed paper, stating that my child is well enough to return to the day care, is required before my child will be readmitted to the day care.
c) I understand that the day care staff shall administer medication and special medical procedures only with a written, dated and signed request from my physician. Medication shall be in its original container.
d) I understand that my child will not be admitted to the day care until a completed medical form is on file. If my child appears to be ill, he/she will not be admitted to the day care. I shall notify the Manager of the day care if the illness is contagious.

Record of past communicable diseases

_____

_____

Allergies or other important information:

_____

_____

Has your child had any of the following: whooping cough _____ chicken pox _____ measles _____ mumps _____

Permission to administer Tempera or Tylenol in the event of a temperature:

Above: _____ Dosage: _____

Please attach a copy Immunization Card to the registration package

I _____ hereby agree to the rate quoted at the time of the interview and to the preceding Medical Authorization. I have read, do understand and agree to the policies and procedures as outlined in the Tiara Tiny Tots Daycare Parent Handbook.

_____ Signature of Parent/Guardian

_____ Signature of Parent/Guardian

_____ Relationship to child

_____ Relationship to child

_____ Date Signed

_____ Date Signed

CHILDHOOD HISTORY

Name: _____ Date of birth: _____

Please help us to get to know your child better so that we may best support his/her learning by telling us a little about what you have observed regarding his/her interests, socialization patterns, dislike and anything else that you feel may help us to create the best environment we can for your child

1. Describe your child at play.

_____

_____

_____

2. What type of activities does your child enjoy while at home?

_____

_____

_____

3. Describe your child's eating habits/routines.

_____

_____

_____

4. Describe your child's bed/nap time routine.

_____

_____

_____

5. Describe your child's washroom routine pattern.

_____

_____

_____

6. What is your child's experience with books?

_____

_____

_____

7. Does your child enjoy creating things?

_____

_____

8. Does your child like to sing, dance, and dramatize?

_____

_____

9. Does your child have any siblings? If yes, how does he get along with them, and what are their names?

_____

_____

_____

10. Please note any other things that you think we should know about your child. For example, does your child speak another language other than English? Are there any cultural traditions, customs and celebrations that your child engages in that you feel we should know of?

_____

_____

_____

CHILD PICK-UP

Please list the names of those individuals who you have given permission to pick up your child up from the centre in the event that you are unable to pick up your child yourself.

These people will need to show identification prior to your child leaving the premises.

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

PASSWORD: _____

Parent(s)/Guardian(s) Signature(s)

x_____ x_____

Application processed on _____/_____/_____

Date of Admission _____/_____/_____

Date of Withdrawal _____/_____/_____

PHOTOGRAPHS

I understand that my childcare provider may at times take photos of the children's activities as part of their program. I give my permission for my child's photo to be taken.

Parent(s)/Guardian(s) Signature(s)

x_____ x_____

I/We, _____, have read and commit to comply with the aggression-free philosophy of the day care.

Parent's Signature: _____

Date: _____

I hereby certify that all information in this application is true and correct to the best of my knowledge. I understand that should the above information be proved false, it may result in the rejection of my child's application and enrollment in Tiara Tiny Tots Daycare.

Signature _____

Name: _____

Date: _____

INFORMATION SHEET

GENERAL

Name:

Date of Birth:	Age:	Child lives with: ☐ Both Parents ☐ Mother ☐ Father Other:

In absence of the above, please list two persons willing to assume responsibility in an emergency during school hours

Name	Relationship with Child	Telephone Number

Normally child will come to school with:	And will be picked up by:

Please name of any person not allowed to pick up child:

HEALTH

Please indicate

Any serious illness or accident:	Reaction to drugs:
Prescribed medication:	Special development concerns:

Allergies: ☐ No ☐ Yes if yes: ☐ Food ☐ Cream ☐ Soaps Other:

NUTRITION

What food does your child:

prefer?

dislike?

TOILETING

Is child trained for:

Bladder: ☐ Yes ☐ No Bowel: ☐ Yes ☐ No

What kind of assistance does child require?

REST

Amount of rest each night:	Length of nap during day:

Does your child have a special toy or blanket at nap time:

SIBLINGS

Does your child have siblings? ☐ Yes ☐ No

Sisters: ☐ Yes ☐ No

Brothers: ☐ Yes ☐ No

Name(s):

Age(s):

CARE

Have adults other than parents cared for the child before? ☐ Yes ☐ No

Has the child had any previous group experiences? ☐ Yes ☐ No

What languages, other than English, are spoken at home?

Names of pets at home:

What fear does child have:

EMERGENCY FORM

First Name:	Last Name:	
Address:	City:	Postal Code:
Home Phone Number:	Date of Birth:	Sex:
Doctor's Name:	Phone Number:	
Address:	City:	Postal Code:
Mother's Name:	Father's Name:	
Home Phone #:	Home Phone #:	
Work Phone #:	Work Phone #:	
Cell Phone #:	Cell Phone #:	
In case of emergency who should we contact?		
Name:	Phone Number:	
Name:	Phone Number:	
Can we give your child Tylenol, aspirin, or Pepto Bismol? ☐ Yes ☐ No		
Does your child have any allergies or medical conditions?		
Additional Comments:		